

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Family Planning Clinics  
TAKE CHARGE Providers  
Managed Care Organizations

**Memorandum No: 06-21**  
**Issued:** June 9, 2006

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact:**  
800.562.3022

**Subject: Family Planning Providers: New TAKE CHARGE application**

**Retroactive for dates of service on and after April 17, 2006**, the Health and Recovery Services Administration (HRSA) has combined the TAKE CHARGE pre-application and application into one form.

## **What has changed?**

HRSA has revised the application process for the TAKE CHARGE program. The pre-application and the application have been combined into the new TAKE CHARGE client application form (DSHS 13-781) available at [http://www1.dshs.wa.gov/pdf/ms/forms/13\\_781.pdf](http://www1.dshs.wa.gov/pdf/ms/forms/13_781.pdf).

## **Billing Instruction Replacement Pages**

Attached are replacement pages C.5 – C.16 and E.9 – E.12.

## **How do I conduct business electronically with HRSA?**

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

## **How can I get HRSA's provider documents?**

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

## When can providers who are not TAKE CHARGE providers furnish services for TAKE CHARGE clients?

[WAC 388-532-730(2)]

HRSA providers (e.g. pharmacies, laboratories, surgeons performing sterilization procedures) who are not TAKE CHARGE providers may furnish family planning ancillary services (see [Definitions](#) section) to eligible TAKE CHARGE clients.

HRSA reimburses for these services under the rules and fee schedules applicable to the specific services provided under HRSA's other programs.

**Note:** The partnership with pharmacists is especially critical since they provide immediate access to methods not received at the TAKE CHARGE agency/clinic.

## Who is eligible? [WAC 388-532-720(1) and (2)]

The TAKE CHARGE program is for both men and women. To be eligible for the TAKE CHARGE program, an applicant must:

- Be a United States citizen, U.S. national, or qualified alien of the U.S.A. as described in chapter 388-424 WAC;
- Be a resident of the state of Washington as described in WAC 388-468-0005;
- Have income at or below 200% of the federal poverty level (FPL) as described in WAC 388-478-0075;
- Apply voluntarily for family planning services with a TAKE CHARGE provider; and
- Need family planning services but have no family planning coverage through another HRSA program or have health insurance that does not cover 100% of the client's chosen contraceptive method.

**Note:** A client who is currently pregnant or sterilized is not eligible for TAKE CHARGE.

## How long can a client receive TAKE CHARGE coverage?

[WAC 388-532-720(3)]

A client is authorized for TAKE CHARGE coverage for one year from the date HRSA determines eligibility, or for the duration of the demonstration and research program, as long as the eligibility criteria continues to be met.

When a client reapplies for TAKE CHARGE, HRSA may renew the coverage for additional periods of up to one year each, or for the duration of the demonstration and research program, whichever is shorter.

**Note:**

- Always check Medical Eligibility Verification (MEV) to make sure that a client's one year eligibility for TAKE CHARGE is still valid or that they are not on another HRSA program that covers family planning.
- All Medical ID Cards dated 8/1/05 and after are valid until 6/30/06 unless the TAKE CHARGE program is extended.

## How do I help a client apply for TAKE CHARGE?

Applicants must apply in person for TAKE CHARGE at an HRSA-approved TAKE CHARGE clinic or agency. Client eligibility is determined at the state level. **You, the provider,** must provide the applicant with:

- A TAKE CHARGE Client Application form (DSHS 13-781) available at [http://www1.dshs.wa.gov/pdf/ms/forms/13\\_781.pdf](http://www1.dshs.wa.gov/pdf/ms/forms/13_781.pdf); and
- Application assistance in completing the document prior to submitting the TAKE CHARGE Client Application to HRSA for eligibility determination.

**Note:** Applications must be completed at the provider's office.

Completed initial or recertification application must be entered into the TAKE CHARGE application database by the provider, no later than 20 working days from the date of the client signature.

## What is application assistance?

Application assistance is a reimbursable service for helping the client with the following actions in the following order:

1. Helping the applicant complete the TAKE CHARGE Client Application;
2. Reviewing the TAKE CHARGE Client Application (DSHS 13-781) for completeness and accuracy;
3. Electronically submitting the completed TAKE CHARGE Client Application, no later than 20 working days from the date of the client signature, to the HRSA TAKE CHARGE Eligibility Unit for final eligibility determination (see page C.14); and
4. Retaining the TAKE CHARGE Client Application in the client's file.

**Note: Billing for application assistance for clients transitioning from full scope Medicaid or Family Planning Only to TAKE CHARGE.**

If a client has full scope Medicaid or Family Planning Only that is closing at the end of the application month in which the application is being completed, they may apply for TAKE CHARGE before their other Medicaid coverage expires in order to have continuous contraceptive coverage. HRSA will pay the provider for application assistance in this situation. Contact either the TAKE CHARGE or the Family Planning program managers for specific details on how to bill.

**EXAMPLE:**

Susie Jones has full scope HRSA coverage that expires May 31<sup>st</sup>. She goes to a TAKE CHARGE provider on May 15<sup>th</sup> for a Depro-Provera shot. She can apply for TAKE CHARGE at this visit. The client's eligibility will become active June 1<sup>st</sup>. The provider can bill for application assistance as well as the office visit and the injection. Providers may not bill for ECRR until the client has transitioned to TAKE CHARGE.

## How do I review the TAKE CHARGE Application?

Review the application for accuracy, completeness, and potential eligibility.

### Section I - Medical Need for Family Planning:

- The applicant states if he/she needs family planning. The applicant is **not** in need of family planning and **not** eligible for TAKE CHARGE if the applicant:
  - √ Has been sterilized;
  - √ Desires to be pregnant;
  - √ Does not plan to use birth control; or
  - √ Is pregnant.

**Note:** If the applicant meets any of these conditions, **do not proceed** with the application process.

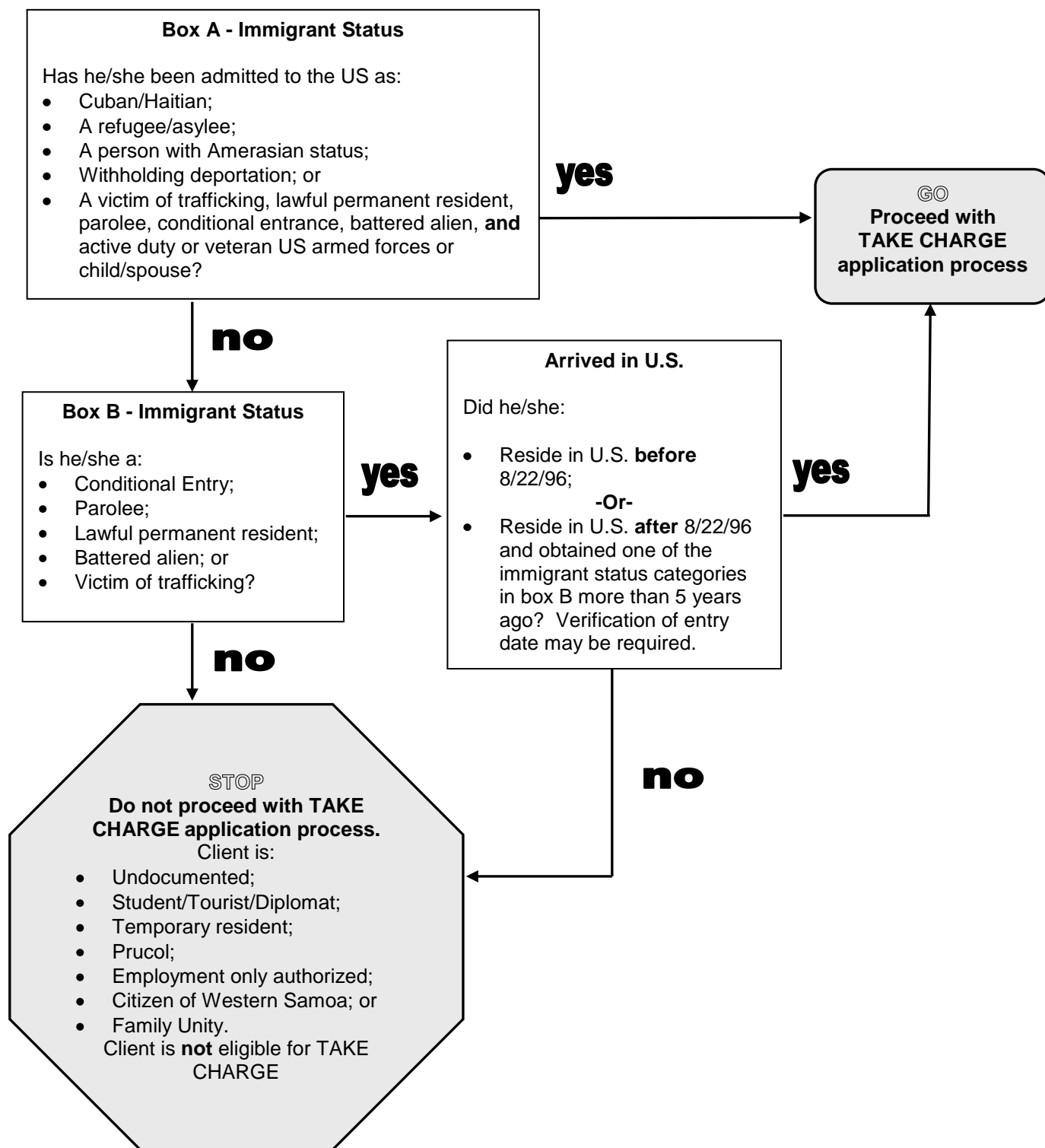
### Section II - Citizenship and Residency Requirements:

- The applicant for TAKE CHARGE services must reside in the state of Washington (e.g., not residing in Oregon or Idaho).
- Out-of-state college students who do not plan to remain in Washington when school is complete are not considered permanent Washington residents and do not qualify for TAKE CHARGE.
- The Code of Federal Regulations (CFR) states that students meet residency requirements if they:
  - √ Are attending college out-of-state;
  - √ Primarily reside in Washington; and
  - √ Intend to return to Washington.
- Foreign students or visiting foreign nationals are not considered permanent legal residents; they are only temporarily in Washington State and are not eligible for TAKE CHARGE.
- Illegal or undocumented persons are not eligible for TAKE CHARGE.
- Legal permanent residents must have had this status for 5 years to be eligible for TAKE CHARGE (except if the person arrived in the U.S. before August 22, 1996. See the **TAKE CHARGE Citizenship Criteria** flow chart, page C.10).

## HRSA-Approved Family Planning Providers

- If the Department of Social and Health Services (DSHS) previously considered the applicant to be an illegal alien, and the applicant is now claiming legal status, documentation of legal status must be submitted with the TAKE CHARGE Client Application to the TAKE CHARGE Eligibility Unit.
- **If you have questions about determining the status of an applicant, call the TAKE CHARGE Eligibility Unit. For clients that are not legal permanent residents, fax a copy of the client's INS paperwork and verification of the date the client entered the U.S. to the TAKE CHARGE Eligibility Unit (see the *Important Contacts* section).**

**TAKE CHARGE Citizenship Criteria**



### Section III - Health Insurance:

- If the applicant has a DSHS Medical ID Card (is a current client of the department's program with Family Planning coverage), he/she is **not** eligible for TAKE CHARGE.
- If the applicant has health insurance, inform the applicant that their health insurance is billed first for TAKE CHARGE services. See [TAKE CHARGE Eligibility for Clients with Health Insurance](#) on page C.12.

#### ***Exceptions to billing Third-Party Insurance:***

If an adolescent or a young adult is dependent on a parent/guardian's medical insurance and wishes to maintain confidentiality regarding his or her use of family planning services, check the "Young Adult" box; or

If a victim or a survivor of domestic violence has health insurance coverage and wishes to maintain confidentiality regarding his or her use of family planning services, consider that health insurance is not available to the client to prevent unintended pregnancy. Check the "Domestic Violence" box to avoid billing or other information being sent to the applicant's home address. See page E.8.

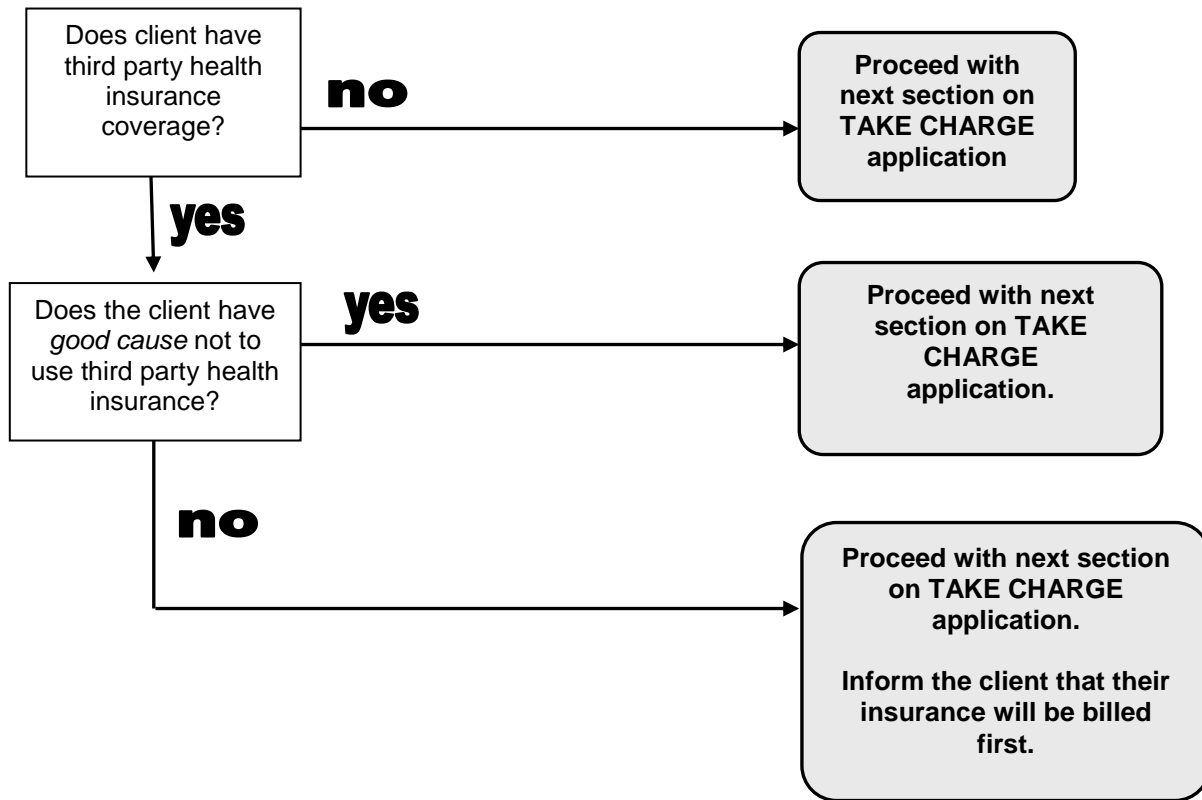
When you bill for Family Planning services for either exception above, do not indicate on the HCFA 1500 they have other insurance, in order to preserve confidentiality.

**Note:** If the client wishes to maintain confidentiality regarding the use of his or her family planning services, the client must provide you with information on how to contact them.

Clients with health insurance, who are otherwise eligible, may apply for TAKE CHARGE, if their insurance does not cover 100% of their chosen contraceptive method.

**Providers must bill the client's third-party insurance before** billing the state for the unpaid balance of the claim.

## TAKE CHARGE Eligibility for Clients with Health Insurance



## Section IV - Income Requirements for Family Size:

[Refer to WAC 388-478-0075]

HRSA uses the Medical Income and Resource Standards based on the Federal Poverty Level (FPL), updated each April, to determine whether the applicant meets the eligibility requirement of 200 percent of FPL or below. To view the HRSA Medical Income and Resource Standards, visit: <http://maa.dshs.wa.gov/eligibility>.

**Note:** See Table 1, row **H Income (F06) 200% FPL** in the link listed above. For a more complete FPL chart, click **complete chart in PDF**.

Clients below 185% of the FPL, should be encouraged to make an appointment at their local CSO to see if they are eligible for a more comprehensive social service program. Consider not signing them up for TAKE CHARGE if they could qualify for full scope Medicaid. If they are eligible for a more comprehensive social service program, this will supersede their TAKE CHARGE coverage and their Family Planning as well as other reproductive health needs will be covered by their comprehensive program.

### Adolescents

- You must use both the adolescents income and the parents income to determine eligibility if the adolescent is no longer attending school and if the parents know the adolescent is requesting these services.
- For adolescents seeking confidential services and who do not want their parents to know about their need for Family Planning services, you must use the adolescents' self-disclosed income if no longer in school. If the adolescent has no income, indicate zero income and explain on the application "teen/young adult, confidential services".

## How do I complete the TAKE CHARGE Application Process?

The provider must review the information entered on the completed TAKE CHARGE Client Application (DSHS 13-781) for accuracy, completeness, and potential eligibility.

- The provider must use the on-line database to submit the TAKE CHARGE Client Application to the TAKE CHARGE Eligibility Unit (see the *Important Contacts* section).  
**Exception:** HRSA may make a special consideration for a provider who needs to submit client applications via fax.
- Completed initial or recertification applications must be entered into the TAKE CHARGE application database by HRSA no later than 20 business days from the date the client signs the application.
- You must keep the TAKE CHARGE Client Application in the client's file.
- A valid SSN is required for all TAKE CHARGE applicants, who are 18 years and older. Beginning April 17, 2006, you will not be able to enter a TAKE CHARGE application online without a valid SSN.

**Exception:** Adolescents 17 years and younger, who do not want their parents to know they are receiving Family Planning services, are encouraged, but not required to provide an SSN.

**Note:** HRSA issues only one TAKE CHARGE Medical ID card per client, and this card is good for one year from the beginning of the month of eligibility. At the end of the eligibility year, the client may reapply for services. The client may reapply every year until the TAKE CHARGE program ends or the client is no longer eligible. If a client becomes enrolled in another HRSA program that covers family planning services, the client is **no longer eligible** for TAKE CHARGE.

**Do not** bill HRSA for application assistance, if any part of the application is incomplete.

## Checking for TAKE CHARGE Eligibility

Once the provider enters the client's application into the TAKE CHARGE database, HRSA's TAKE CHARGE Eligibility Unit determines eligibility.

### *Checking the Status of a Client Application*

The provider will use the TAKE CHARGE database to check the status of the client application. (**Note:** Eligibility status may take up to 20 days to appear in the database). The database will indicate one of three things:

- ✓ Eligibility approved;
- ✓ Eligibility denied; or
- ✓ HRSA needs more information in order to complete the eligibility determination (this will be indicated by a note in comment box).

### *Eligibility Approved*

If HRSA approves eligibility, the client will receive a TAKE CHARGE Medical Identification card in the mail, along with a TAKE CHARGE brochure.

HRSA may mail the TAKE CHARGE Medical ID card to the provider instead of the client. In this case, make a copy of the card for the client's chart and **forward the Medical ID card and brochure to the client within 7 business days** unless the client has confidentiality reasons (see note, below). Once the client has received the Medical ID card, they will have easy and immediate access to the TAKE CHARGE provider or pharmacy of his/her choice.

**Note:** The provider must document in the application and chart notes if the client specifically requests, in writing, that the card **not** be forwarded to them for confidentiality reasons then the provider must document this in the application and chart notes.

### *Eligibility Denied*

If HRSA denies eligibility, the provider must inform the client of the eligibility denial.

### *Application Needs More Information*

If there is a note in the application comment box requesting more information, the provider **must** obtain the requested information from the client and send it to the HRSA TAKE CHARGE Eligibility unit. HRSA cannot process the application for final eligibility determination until necessary information is obtained or the CSO records are changed to accurately reflect client information.

Call the Eligibility Unit at 877.787.2119, if you have questions regarding the department's comments/questions noted in the comment box.

## What services are covered? [Refer to WAC 388-532-740]

**Note:** The purpose of the TAKE CHARGE program is to prevent unintended pregnancies. **All services provided under TAKE CHARGE must be related to the prevention of unintended pregnancy.**

HRSA covers the following TAKE CHARGE services for men and women:

- One session of **application assistance** per client, per year;
- **Food and Drug Administration (FDA)-approved prescription and nonprescription contraceptives** as provided in Chapter 388-530 WAC, including, but not limited to, the following:
  - √ Birth control pills;
  - √ Cervical cap;
  - √ Injectable contraceptives (Depo-Provera);
  - √ Diaphragm;
  - √ Emergency contraception;
  - √ Intrauterine devices (IUDs);
  - √ Birth control patch;
  - √ Birth control ring;
  - √ Spermicides (foam, gel, suppositories, sponges and cream); and
  - √ Male and female condoms.
- **Gynecological exam** which may include a cervical or vaginal cancer screening, pelvic and clinical breast examination, **one per year** when it is:
  - √ Provided according to the current standard of care; and
  - √ Conducted at the time of an office visit with a primary focus and diagnosis of family planning (ICD-9-CM V25 series diagnosis codes, excluding V25.3);
- **Education, counseling and risk reduction (ECRR) intervention** (see page C.18 *Education, Counseling, and Risk Reduction [ECRR] Services*) specifically intended for clients at higher risk of contraceptive failure, that have identified or demonstrated risks of unintended pregnancy.
- **Sterilization procedures** that meet the requirements found in these billing instructions and HRSA's *Physician-Related Services Billing Instructions*, if the service is:
  - √ Requested by the TAKE CHARGE client; and
  - √ Performed in an appropriate setting for the procedure;

(See **Note** on next page)

## TAKE CHARGE Third Party Liability and *Good Cause*

[Refer to WAC 388-532-790]

The following TAKE CHARGE applicants may request an exemption of available third party coverage due to *good cause*:

- Adolescents or young adults seeking confidential services who depend on their parents' medical insurance; or
- Domestic violence victims.

Under the TAKE CHARGE program, *good cause* means that use of the third party coverage would violate his or her privacy because the third party:

- Routinely or randomly sends verification of services to the third party subscriber and that subscriber is other than the applicant; and/or
- Requires the applicant to use a primary care provider who is likely to report the applicant's request for family planning services to another party.

If either of these conditions apply, the applicant is considered for TAKE CHARGE without regard to the available third party family planning coverage.

**Note:** Clients must make this self-declaration on the TAKE CHARGE Application in order to qualify for this exception.

## What records must be kept? [Refer to WAC 388-502-0020]

### *All HRSA providers*

Enrolled providers (including HRSA-Approved Family Planning Providers) must:

- Keep legible, accurate, and complete charts and records to justify the services provided to each client, including, but not limited to:
  - √ Patient's name and date of birth;
  - √ Dates of service(s);
  - √ Name and title of person performing the service, if other than the billing practitioner;
  - √ Chief complaint or reason for each visit;
  - √ Pertinent medical history;
  - √ Pertinent findings on examination;
  - √ Medications, equipment, and/or supplies prescribed or provided;
  - √ Description of treatment (when applicable);
  - √ Recommendations for additional treatments, procedures, or consultations;
  - √ X-rays, tests, and results;
  - √ Plan of treatment and/or care, and outcome; and
  - √ Specific claims and payments received for services.
- Assure charts are authenticated by the person who gave the order, provided the care, or performed the observation, examination, assessment, treatment or other service to which the entry pertains.
- Make charts and records available to DSHS, its contractors, and the US Department of Health and Human Services, upon their request, **for at least six years from the date of service** or more if required by federal or state law or regulation.

## ***TAKE CHARGE providers*** [Refer to WAC 388-532-760]

In addition to the documentation requirements listed previously, TAKE CHARGE providers must keep the following records:

- TAKE CHARGE Client Application (DSHS 13-781);
- Chart notes that reflect that the primary focus and diagnosis of the visit was family planning;
- Contraceptive methods discussed with the client;
- Notes on any discussions of emergency contraception and needed prescription(s);
- The client's plan for the contraceptive method to be used, or the reason for no contraceptive method and plan;
- Documentation of the education, counseling and risk reduction (ECRR) service, if provided, including all of the required components found on page C.18-C.19;
- Documentation of referrals to or from other providers;
- A form signed by the client authorizing release of information for referral purposes, as necessary; and
- A copy of the completed Sterilization Consent Form, DSHS 13-364, as necessary (see page F.10 for how to obtain a copy of this form). For details about sterilization refer to HRSA's current *Physician-Related Services Billing Instructions*, or call Family Planning program manager 360.725.1664. Click link to download the DSHS 13-364. [http://www1.dshs.wa.gov/pdf/ms/forms/13\\_364a.pdf](http://www1.dshs.wa.gov/pdf/ms/forms/13_364a.pdf).
- Signed request from the client, asking that their Medical ID card should be sent to and held by the clinic, for confidentiality purposes.

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